



OGCC FORM 4  
Rev. 1/78

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

FOR OFFICE USE			
ET	FE	UC	SE

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

RECEIVED

5. LEASE DESIGNATION & SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

JUN 26 1989

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>SWD Well</u>	7. UNIT AGREEMENT NAME <u>COLO. OIL &amp; GAS CONS. COMM. SAND UNIT</u>
2. NAME OF OPERATOR <u>Powcho Production Company</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>10675 HOBBIT LANE WESTMINSTER, CO 80030</u>	9. WELL NO. <u>6</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>2126 FEL, 759 FNL</u> At proposed prod. zone <u>SAME</u>	10. FIELD AND POOL, OR WILDCAT <u>Powcho</u>
14. PERMIT NO. <u>71-783 / 05-001-6372</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)
18. Date of work <u>JUNE 25, 1989</u>	19. I hereby certify that the foregoing is true and correct

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

STATUS

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

18. Date of work JUNE 25, 1989

\* Must be accompanied by a cement verification report.

Well REMAINS SHUT-IN. THERE IS NO TUBING IN THE WELL AND NO INJECTION LINE EXISTS WHICH IS TIED INTO THE UNIT INJECTION SYSTEM.

IMMEDIATE PLANS TO SWAB TEST WELL FOR POTENTIAL PRODUCTION EXIST. IF RATES ARE HIGH AND OIL CUT IS LOW, WE WILL CONTACT THE COGCC TO ARRANGE FOR RETURNING WELL TO INJECTION.

19. I hereby certify that the foregoing is true and correct

PRINT ROBERT L. VALIAYIK - SAN JACINTO ENERGY, LTD.

SIGNED Robert L. Valiayik TITLE AGENT DATE JUNE 25, 1989

(This space for Federal or State office use)

SR. PETROLEUM ENGINEER  
O & G Cons. Comm

JUL 06 1989

APPROVED BY Cd DiMatteo  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

STATUS REPORT REQUIRED  
EVERY 6 MONTHS ON SHUT-IN  
& TEMPORARILY ABANDONED WELLS.